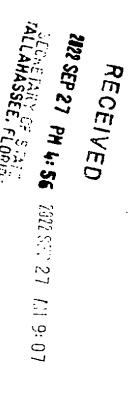
# 

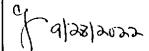
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	TIAW 🔲 C	MAIL
	- <del></del>	
	(Business Entity Name)	
	(Document Number)	
C-416-4 Ci	Contillentes of 6	Status
Certified Copies	Certificates of S	otatus
		-
Special Instruction	s to Filing Officer:	





09/28/22--01005--006 \*\*75.00





# CORPORATE

# When you need ACCESS to the world

ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	CERTIFIED COPY	
	РНОТОСОРУ	
	CUS	
	FILING	LLC AMEND
(C	CORPORATE NAME AND DOCU	UMENT #)
	ORPORATE NAME AND DOCI	
-(C	ORPORATE NAME AND DOCU	UMENT #)
(C	ORPORATE NAME AND DOCU	UMENT #)
(C	ORPORATE NAME AND DOCU	UMENT #)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 S 17 27 /// 9: 07

LEAN DESIGN DISTRICT 7053 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/20/2022 \_\_\_ and assigned Florida document number \_\_\_\_L22000409728 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ISAAC EDUARDO SAIAS	18911 Collins Ave, Apt 1106	<b>=</b> Add
		Sunny Isles, FL, 33160	□Remove
			□Change
	<del></del>		□Add
•			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
		□Add	
			Remove
			□Change
			□Add
			Remove
			□ Change

#### Page 2 of 3

	PLEASE ADD EIN#92-0482928
•	
F ffee	tive data if other than the data of filing:
Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September, 26 2022
	A James
	Signature of a member or authorized representative of a member
	organistic or a member of authorized representative of a member
	Isaac Eduardo Saias
	Typed or printed name of signee